

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)		09/787972			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		INC
1	/						51		/		/
2		/					52		/		/
3		/					53		/		/
4		/					54		/		/
5		/					55		/		/
6		/					56	/	/		/
7		/					57		/		/
8		/					58		/		/
9		/					59		/		/
10		/					60		/		/
11		/					61		/		/
12		/					62	/	/		/
13		/					63		/		/
14		/					64		/		/
15		/					65		/		/
16		/					66		/		/
17		/					67		/		/
18		/					68		/		/
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20		/					70		/		/
21		/					71		/		/
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23		/					73		/		/
24	/	/					74		/		/
25		/					75		/		/
26		/					76		/		/
27		/					77	/	/		/
28		/					78		/		/
29		/					79	/	/		/
30		/					80		/		/
31		/					81		/		/
32		/					82		/		/
33		/					83		/		/
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36		/					86		/		/
37		/					87		/		/
38		/					88		/		/
39		/					89		/		/
40		/					90		/		/
41		/					91	/	/		/
42		/					92		/		/
43	/	/					93		/		/
44		/					94	/	/		/
45		/					95		/		/
46	/	/					96		/		/
47		/					97		/		/
48		/					98	/	/		/
49		/					99		/		/
50		/					100		/		/
TOTAL IND.							TOTAL IND.				16
TOTAL DEP.							TOTAL DEP.				16
TOTAL CLAIMS							TOTAL CLAIMS				32

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